



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0506	27	Whitlash Elem	26	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

INSTRUCTIONS: Complete and submit with one copy of each application for Indirect Cost Rate. A separate application should be submitted for the elementary and high school district. A copy of this certification will be returned upon approval of your rate.

This is to certify that I have reviewed the indirect cost rate proposal submitted herewith and to the best of my knowledge and belief:

(1) All costs included in this proposal to establish the final indirect cost rate for the periods indicated above are allowable in accordance with the requirements of the Federal award(s) to which they apply and OMB Circular A-87, "Cost Principles for State and Local Governments." Unallowable costs have been adjusted in allocating costs as indicated in the attached Predetermined Indirect Cost Allocation - Schedule A.

(2) All costs included in the proposal are properly allocable to Federal awards on the basis of a beneficial or casual relationship between the expenses incurred and the agreements to which they are allocated in accordance with applicable requirements. Further, the same costs that have been treated as indirect costs have not been claimed as direct costs. In addition, similar types of costs have been accounted for consistently and the Office of Public Instruction will be notified of any accounting changes that would affect the predetermined rate.

I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 91	
Printed Name of Authorized Official	City	Zip Code
	Whitlash	59545
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

ACCEPTED AND APPROVED FOR THE SUPERINTENDENT OF PUBLIC INSTRUCTION BY:

Approved Rate for FY2004	Date Approved
	Signature



Office of Public Instruction
Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0508	J	J-I K-12 Schools	26	K12

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	PO Box 89	
Printed Name of Authorized Official	City	Zip Code
	Joplin	59531
Title	Date	

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School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0510	33	Chester Elem	26	EL

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 550	
Printed Name of Authorized Official	City	Zip Code
	Chester	59522
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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Approved Rate for FY2004	Date Approved
	Signature



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Linda McCulloch,
Superintendent
PO Box 202501
Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
0511	33	Chester H S	26	HS

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Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Box 550	
Printed Name of Authorized Official	City	Zip Code
	Chester	59522
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature



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Helena, MT 59620-2501

CERTIFICATION FOR INDIRECT COST RATE
For FY 2004-2005

Due May 31, 2004

Legal Entity #	School Dist. #	School Name	County	Level
1224	10	Liberty Elem	26	EL

Proposed Restricted Indirect Cost Rate _____ % (Round to nearest hundredth (X.XX%) of a percent.)

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I declare that the foregoing is true and correct.

Signature of District Superintendent or Board Chairperson	Street Address or P.O. Box	
	Rural Route North	
Printed Name of Authorized Official	City	Zip Code
	Galata	59444
Title	Date	

Send completed form to:
School Accounting and Budgeting
Office of Public Instruction
PO Box 202501
Helena, MT 59620-2501

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	Signature